



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000072384 1. Entity Name GLOBE-CON HARDWARE, L.L.C.	
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Principal Place of Business CONCORD SQUARE BUILDING, 7 E SILVER SPRINGS BLVD. #205 OCALA, FL 34470	Mailing Address CONCORD SQUARE BUILDING, 7 E SILVER SPRINGS BLVD. #205 OCALA, FL 34470
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DO NOT WRITE IN THIS SPACE


04082007 No Chg-LLC CR2E083 (11/05)
4. FEI Number
20-3208738
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
MCDERMOTT, MICHAEL J
791 W. LUMSDEN ROAD
BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BORDAS, FRANK JR 1701 GULF OF MEXICO DRIVE #204 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BORDAS, SUSAN 1701 GULF OF MEXICO DRIVE #204 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/26/07-80014-003 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *X Frank D. Bordas Jr.* *X 4-7-09 941-228-7161*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #